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THE MEDICAL MISSIONARY

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ACROSS THE PAGES. . . .

SISTER MARY OF THE SACRED HEART, of the Society of Jesus, Mary and Joseph, is a veteran medical missionary in India. A doctor before she entered the community, she has been making her "talents" count in the mission hospital in Guntur.

"LITTLE GIRLS across the sea" was written to a young miss of some ten summers—but there is an abundance of information that will interest grown-ups, too. What do these youngsters wear? What do they eat? What do they do? And *do* they get into mischief, ever? or is that monopolized by their Western cousins?

"THY FAITH hath made thee whole. . . ." "What is this faith which Jesus looked for, and which always won its petition from Him? . . . It is the confident and generous giving of ourselves to the word of God. . . ." Father Ehmann continues his series, "Thou Art the Physician."

EMPLOYERS AREN'T IN THE HABIT of encouraging their staff to "whistle while they work" But then, that is a vicissitude of Western industry. Now in India, when you make a roof . . . Sister Helen can tell you about that!

THE
MEDICAL MISSIONARY

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SISTER M. TIMOTHY, S.C.M.M.
Editor

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. . . AND ADDRESSES

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"If We Were Hindus . . . We Might Put Off the Work . . ."

"No great idea can prevail without the diffusion of literature on it; there must be many readers, writers and thinkers if the cause of the missions is to grow." This is the verdict of *The Field Afar* after thirty years of intensive mission education of American Catholics. The same number (January 1, 1941) points out the scarcity of Catholic mission literature in the English language. If this can be said of missions in general, what can be said of *Medical Missions* in particular?

Where are the *readers, writers* and *thinkers* to promote the great idea of *Medical Missions:* of applying the compassion of Christ to the suffering multitudes of Asia and Africa by letting them participate in the ways and means of preserving health, of relieving pain, of curing disease, of imparting energy, of rooting out the obstacles of superstition, false beliefs and harmful customs, of prolonging life, of "sanctifying" the body to pave the way to the sanctifying of the soul?

Who would deny that it is a great idea to dot the missions with hospitals and dispensaries staffed by devoted, unselfish and well-trained workers? If they would exemplify the meekness, humility and compassion of Christ—would not they make Him known, loved and irresistible? In the Catholic Church there are such workers who, notwithstanding human weakness clinging to them, strive to personify the compassion of Christ for the halt and lame, the blind and paralytic, the leper and the mentally deranged. The idea is great but it cannot prevail without the diffusion of literature, without readers, writers and thinkers on the subject.

All languages are poor in Medical Mission literature; the English language is pitifully poor. There is *Catholic Medical Missions,* by Floyd Keeler, written almost twenty years ago and now out of date and print. There is *Medicine in the Service of the Missions,* written by us as a source book for the Catholic Students' Mission Crusade and published at the headquarters in Cincinnati in mimeographed form, at 50 cents a copy. It does not seem to see much daylight to judge from the absence of comments and questions. (If the problem of making ends meet would not absorb so much of my time, I would have written a book long ago.) There is *Medical Mission News,* issued quarterly by the Medical Mission Board, New York, publishing accounts and appeals. There are articles on the subject scattered in mission periodicals. Last, but not least, THE MEDICAL MISSIONARY.

"The ultimate reason for all this mission activity abroad and at home is not simply to save souls. If that were true, then the Catholic Church might still be confined to the shores of the Mediterranean, or we should not send missionaries abroad until we have saved all the souls right here in America. No, the ultimate purpose of all mission activity is harmoniously to develop that body of which Christ is the head and we the members. The means to that harmonious development is the saving of souls; hence, souls must be saved not simply at home to develop one part of that body, but all over the world harmoniously to develop the whole body. Christ did not say: concentrate at home and spread gradually, but: "Go forth and teach all nations."—*Jesuit Missions,* January '41.

You have subscribed and what is more you have renewed your subscription and that tells us what *you* think of THE MEDICAL MISSIONARY. You are the supporters and promoters of the great idea of Medical Missions—but allow me to tell you that unless your number grows, the great idea will not prevail. It will be like a starved plant: it will barely vegetate and produce very little fruit. The truth is that there are very few readers, writers and thinkers along Medical Mission lines. We have only 2,584 subscribers. Is it because we have not tried? No. Is it because we have not known how? Perhaps. We need thinkers to advise us.

They say that 60 per cent read for entertainment, 35 per cent for entertainment and information, 5 per cent for entertainment, information and inspiration. We must frankly admit that the 60 per cent would rather spend their dollar on literature that is not "missionary." To a good number of the remaining 40 per cent we have—I think—something to offer. Let them ask for a sample copy, or subscribe for a year and then judge for themselves. A lawyer said that he never subscribed to a magazine unless it was worth the subscription price. I believe in that policy.

Our readers are pitifully few. To make the Medical Mission idea prevail, we would like to have bishops, priests, seminarians, sisters, doctors, nurses, other professional men and women, women of leisure, working women, college and high school students among our readers. We would like to go out into the highways and byways to make the idea prevail. So far we have not succeeded. We are not developing according to the needs. We are not

able to answer the numerous requests and pleas of mission bishops for Medical Mission work. The great idea cannot prevail until it is diffused by literature, until there are readers, writers and thinkers. There will not be many writers until there are many workers, and as thinking is the hardest of all work, the thinkers will necessarily be few—but even a few could accomplish much! Without thinkers, the idea will not prevail. We need thinkers. Can you be a thinker to make the idea prevail? Think out *how* to make the idea prevail, *how* to help, *how* to win the world for Chirst. Did you ever *think* of what you could do in the building up of the Mystical Body of Christ, which is the fundamental purpose of mission work?

The Medical Mission idea is a great one. Pope Pius XI thought so. He said: "It is my great desire to promote and foster PUBLIC interest in Medical Missions." He also said: "Your Society responds to my thought and desire." And when viewing the medical section of the Vatican Mission Exhibition he pronounced these weighty words: "We are living in times when unenlightened heroism is not enough." The Church thinks so, otherwise we would not be allowed to exist, to solicit help for the cause, or even to publish THE MEDICAL MISSIONARY. We think so, otherwise we would not give our lives to it. Unless many priests, religious and Catholic lay people think so, too, the idea will not prevail.

Readers, writers and thinkers are needed to convert the great idea into reality. If we were Hindus believing in the transmigration of the soul, we might put off the work for a subsequent incarnation. We are Catholics, however, and as such, we know that we have only one lifetime to do our part to make the idea of the spreading of Christ's Kingdom prevail.

ANNA DENGEL.

Five Years Ago This Month . . .

By

M. J. E.

Men and women from the very moment that Christ established His Church have cooperated in spreading that Church upon the earth. They have manifested courage, faith, energy, and heroic constancy in furthering the work of the Kingdom of God; they have used all the human means at their disposal to assist that end; they have expended mental as well as physical strength in ingenious ways to reach the hearts and minds of those to whom the life-giving waters of baptism have been unknown. Societies of men and societies of women, filled with spiritual vigor, recognizing the current needs of the times, grasping the opportunities open to them, have been organized to continue the preservation of the faith and the advancement of it to other fields. Throughout the centuries the Holy Fathers have encouraged such societies and have given every help to assist them in their divine work by personal exhortation, and where need be, by decree.

It was on February 11, 1936—only five years ago—that a decree was issued from Rome permitting religious women with vows to practice medicine in the mission fields. It was entirely fitting that such a momentous decision should be published upon that feast of Our Blessed Mother which commemorates her apparition to St. Bernadette at Lourdes. For after all, the Blessed Virgin is the great healer of the nineteenth century, with the constant flow of physical as well as spiritual miracles from the famous grotto in France.

To all mission societies, this decree was a welcome privilege, but to none more so than to that group of workers in the foreign mission fields known as the Society of Catholic Medical Missionaries. It is a comparatively youthful society, founded upon the ideal of winning souls to God in the missions by first winning the confidence of the pagan by bringing relief to the sick, suffering, or injured. So many of God's children are still the victims of disease caused by ignorance of the fundamentals of hygiene, and to them the Medical Missionary brings the benefits of scientific discovery and treatment. To the Society of Catholic Medical Missionaries, the decree meant the approval of their ideal and opened the door to complete activity in their chosen apostolate.

That men should seek to bring souls to the feet of Christ by healing the sick is no new measure in the history of missionology. Was it not the means Christ Himself chose to win souls? His entire apostolate was a series of miraculous cures and people flocked to Him not only to be cured, not only to witness His wonderful works, but also, to hear His words and to follow His doctrine. Gratitude for kindness has so often opened the door to faith.

Again, have we not failed to appreciate the place of healing in the matter of conversion, either to a better life or to faith itself? Even in these modern times, is it not a fact that the outstanding centers of

faith are those in which Christ, through the intercession of His loved ones, brings the grace of health to mind, soul, or body, to the suffering and sorrowing? Such centers, among others to-day, are the Grotto of Lourdes, the Shrine of St. Anne de Beaupre, and the Oratory of St. Joseph at Montreal, Canada.

Consequently, the vision that brought about the establishment of medical missionaries was a holy and a wise one. Such sisters offer themselves to all in need in the mission field, to Christian as well as to pagan. They will go anywhere they are sent, minister to any people, take care of any kind of sickness. While they are tending the body, they will enlighten the soul. For to them, healing will always be but a means to an end. They will be able to reach to unknown corners of the earth, to places where even the ordained apostle will be forbidden.

Naturally their principal activity will be among the women of the Orient, to those who by their social status have been deprived for centuries of the possibility of hearing the Gospel. To them the humble missionary will come as the apostles came of old to their forefathers, bringing that divine message that heals hearts and raises up souls. We cannot estimate the scope of good that will come from this apostolate. The wife and mother has ever been the basis of solid Catholic life. For the first time it will be possible for missionaries to reach a large group of these, especially in India and the Moslem countries, to convert them, and to establish, consequently, a permanent Christianity. It is a unique privilege and opportunity that will enable these medical missionaries to share so closely in the work of the apostles.

To the Orient will go, then, Sisters trained in the art of healing, fortified by the vows of the religious life, with hearts burning for souls, to carry the unguents of faith and health to unbelievers as well as to the suffering Mystical Body of Christ, as Mary and the holy women brought sweet spices that they might anoint the bruised body of the Savior.

Our Lady of Lourdes, pray for us.

Excerpts . . .

from the Decree issued by the Sacred Congregation for the Propagation of the Faith on February 11, 1936:

"It has always been the practice of this Sacred Congregation to have the methods of the apostolate conform to the varying needs of time and place. Several missionary ordinaries have brought to the attention of the Holy See the necessity of making more appropriate provision for the health of mothers and infants. In some regions of Africa, tribes are decreasing day by day and they are destined to disappear if provision is not made for a better assistance for mothers and infants. It is well-known that in other lands infant mortality is appalling, owing to the want of hygiene. . . .

"This Sacred Congregation would like to see new religious institutes for women founded who will dedicate themselves principally to health work, making due provision for the necessary safeguards. . . .

"These new duties demand a proper technical and spiritual preparation. The Sisters should obtain certificates as doctors or nurses. Above all, they should be safeguarded by special spiritual protections which will be determined by the superiors. The religious must see a noble expression of Christian charity in this delicate service, a charitable work destined to ease bodily misery and to open the way for the grace of the Redemption. . . . "

Little Girls Across the Sea . . .

By

SISTER ALMA JULIA, S.C.M.M., Ph.G., M.T.

Dear Mary Theresa:

Whenever I watch the little dark-eyed, brown-skinned, black-haired Indian girls playing in the streets or coming to the Dispensary for medicine, my thoughts go back to a little blue-eyed, golden-haired niece of mine who made me promise her a long letter from India. So, Mary Theresa, here is the promised letter!

Now, what can I tell you of India that would interest little girls of eight and ten, unless it be to describe the life and ways of other little girls of the same age whom I now meet every day? These little girls live lives so different from that of my nieces in America, that it would take a *book* rather than a letter to explain it all! But we shall try, anyway.

First, you must remember that India is a large country—not so large as the United States, but with three times as many people. The ways, the language, the food, the people themselves, and many other things differ in the various sections of India, so what I will tell you will apply only to this particular district and to the average little girl in the average home in this section.

There are three different main groups of people in Rawalpindi: The Sikhs, who are of a better type and better off than most Indians; the Mohammedans, who are not pagans, as they adore only one God, but do not believe that Christ is the Son of God; and the Hindus, who may adore anywhere from one to thirty million gods—or make up new ones if they like! Many of them adore snakes, cows or the elements, and they have many superstitions.

Just as our little girls are usually named after Our Lady or one of the saints, so these little girls are named after the gods or some historic personage. If the little girl is a Sikh, she might be called "Ram Kaur;" . . . if a Mohammedan, "Fatma;" if a Hindu, "Krishna."

You know what happens if you walk into a schoolyard and call out: "Mary." At least a dozen little girls run up to you. So, if I see a group of girls playing "jacks" in the middle of a Rawalpindi alley and call out: "Krishna," at least one or two will come to see what I want.

In the entire Punjab, girls (and women) dress very much alike. They wear what we might call "lounging pajamas," which reach almost to the ground. Over that there is a one-piece dress, open at the sides up to the waist, and reaching about to the knees or a little lower. Over that, they wear a veil, made of thin chiffon or of ordinary cotton or even of wool—depending upon the weather and the poverty or wealth of the wearer! This veil is worn with one end hanging from the head to the ground in back, while the other end is thrown over one shoulder in front. It makes the children (and the women, too) look very much like some pictures of Our Lady.

Usually they go barefoot, even in the coldest weather, although some wear sandals and occasionally you see one with stockings on. I have never seen any of them with stockings in the warmer weather.

All the little girls wear jewelry. A great deal of this is of the variety you find in crackerjack boxes, or buy in the ten-cent stores. Some is of imitation gold, plain brass, or even iron! The few who can afford it have real gold and real gems. But whether of gold or tin, all wear their "jewels." In fact, it almost seems that the poorer the child and the less educated, the more finery she carries around with her! Those more "westernized" are using fewer ornaments.

It is quite common, then, to have a little patient come into the hospital with one, or two, or three or even *five* earrings in *each* ear! (The ear is pierced in as many places as necessary to accommodate the additional earrings.) The left nostril is usually pierced, too, and a jewel or ring is inserted. Then there will be from one to ten (and sometimes more) bracelets on each arm, perhaps a bracelet (or should I say "anklet") on each ankle, and occasionally one or more toe-rings.

Necklaces are not usually so conspicuous—perhaps because they would be hidden by the veils, but amulets and charms (such as tiger bones or teeth) are strung on strings and worn around the neck.

The Sikhs still wear daggers at their sides—a sort of special custom with their women, perhaps because their husbands are warriors and in the villages they are still in danger of war-like tribes from the Afghan and Tibet territories raiding their homes. In the cities there is so little danger of the women having to

defend themselves from raiders that the custom is dying out. Instead, as a sort of symbol, they wear toy jewelled swords or a tiny sword in a necklace, but you still meet the "real thing" at times.

Just the other day a Sikh girl was brought in from a village twenty or thirty miles away, a timid little thing half frightened to death at her first encounter with a hospital. As I moved her on a wheel-cart before putting her into bed, something sharp struck my hand. I investigated, and there was a ten-inch dagger in a sheath strapped to her side! Later she let me take it off and examine it, but she held it tightly in her hands until I finished "fixing her up," and then she strapped it on again. She is quite at home now in the hospital and will be going back to her village again in a few days—with a greatly increased knowledge of the great, wide world and, I hope, less shy towards Christians.

But I am getting away from my subject.

Ordinarily Ram or Fatma or Krishna do not go to school, because schools are scarce and expensive, and especially because the Indians did not think it was necessary or becoming to have women know how to read or write. Therefore, not two women in every hundred in India do know how to read or write. This makes life rather dull for the ordinary woman, as she has no shows nor radio nor bridge parties nor any other of the hundred and one distractions the American woman has. In fact, her life consists mostly of cooking the meals, taking care of the children, and "gossiping with the lady next door."

The *dhobi* (laundryman) can count only up to 20, so it is fun checking the laundry when he returns it. He will count the sheets aloud, 1 to 20. "That is 20," he will inform us solemnly, and start again, 1 to 20, the same way. Thus in today's wash there are 20 sheets; three times and four extra. Well, at least I have learned to count from 1 to 20 in Urdu from listening to him!—*Sister Alma Julia, Rawalpindi.*

But more and more girls are going to school now, as ideas are gradually changing. I wouldn't be surprised but what five or more girls out of every hundred in Rawalpindi are learning to read and to write and to sew, too. What is far more sad is that Ram and Fatma and Krishna don't know anything about Our Lord and His Mother, but have only some vague ideas—along with some rather terrible stories—of the thirty million gods they are permitted to adore. Of course, Fatma is told that there is only one God, but as she is a woman, it is still argued whether she has a soul and will go to heaven, anyway. A Mohammedan world is very much a man's world, and women don't count for much in it.

Ram is more likely to go to school, as the Sikhs are adopting more and more education and western culture, and the Sikh women are freer than the others in this part of the world. Why, a Sikh woman even walks on the street with her husband—*with her face unveiled!* She is allowed to worship in the temples, too, the same as the men—just as if she really had a soul and might go to heaven!

And now, what about their houses? But that is a long story in itself, and is best left, I think, until another time. That is a promise—I shall truly write you more, and very soon.

Lovingly in J.M.J.,

YOUR DEVOTED AUNT.

You Want To Help, Too?

So you have read about the work of the Medical Mission Sisters and you want to help us? We are delighted to have you! It is easy enough to say: "Oh, those poor people in India. I feel so sorry for them!" But to translate that pity and interest into action is quite a different story. You and your mission clubs have arrived at the truly Catholic solution of "wanting to share in the work," and the Lord will bless you for it!

Now, here are some practical suggestions as to what is most useful for our hospitals in India. You can choose from them whatever appeals to you most, or is most suited to your circumstances—or perhaps you will think of something yourselves.

DRUGS

An important and expensive item on the hospital supply list is "medicine." You can help us by soliciting and collecting sample drugs from the physicians in your vicinity. Most in demand are: quinine (for malaria), aspirin, vitamin preparations, iron tonics, and antiseptics.

Pack them carefully and send them to the Motherhouse in Philadelphia. We will sort them and see to it that they reach India safely. While you are talking to your doctors you might tell them that all kinds of instruments, medical equipment and hospital supplies are welcomed with joy in India.

BANDAGES

Dispensary work in the tropics requires a tremendous amount of bandages. Little tots with infected cuts and wounds, neglected sores and boils, and all sorts of childish

ailments flock to St. Francis Dispensary every day. Afterwards they proudly display their nice, white dressings to their playmates and often teach their elders the way to the hospital.

You can make the bandages for them! Any old clean, white material, such as sheets, table cloths, nightgowns, etc., may be used. Tear the material into strips, from one to five inches wide and from two to six yards long—the strips may be pieced by means of plain seams to make the desired length. Next, remove from two to four threads from the sides of the strips to prevent raveling. Then roll them *tightly*, starting them on a pencil or a knitting needle.

(Slightly dampened bandages roll more easily, but be sure to *dry them well* afterwards.)

Baby Clothes

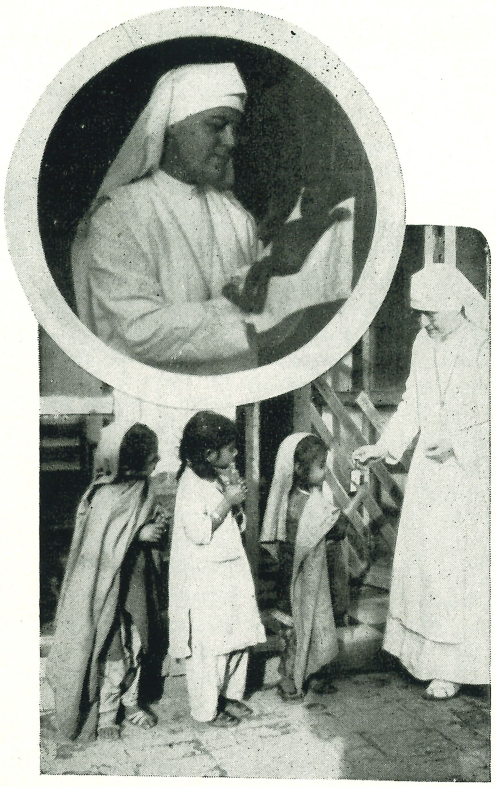
Or perhaps you would like to make baby clothes, real layettes for tiny infants. These include diapers of any size and material, little shirts and dresses, booties, blankets, bonnets, etc. Indian mothers at first stare at these baby fashions in amazement, but usually they are delighted to copy them—in the gaudiest colors available!

. . . And Sew on . . .

If you are very ambitious, you might try your hand at hospital linens, operating drapes, gowns, belts, slings, etc. Send us a card, and we will mail you exact instructions about them. But above all, try to organize your work so that you will *stick to it* after the first novelty has worn off.

Sometimes it helps to have one member of the group read an article from The Medical Missionary while the others sew or roll bandages. This often raises questions and starts discussions. The more you learn about this apostolate to the sick and suffering in mission countries, the more you will want to do your share in order to help the poorest of all God's children!

The simplicities of charity must be adapted to the complexities of the social system.—*Monsignor Kerby.*



Layettes for babies—and bandages for cuts and bruises. Sister Alma Julia in the dispensary and (inset) Sister M. Camillus.

WANT TO GO?

C.S.M.C. CONVENTION
ROCHESTER, N. Y., JUNE 27-29

Write an Essay (not more than 1,000 words) on the subject:
A WOMAN'S WORK

The essay is to be a comparison of "A WOMAN'S WORK" in the United States and in India and her work as a Medical Missionary.

First Prize: Transportation and expenses for the C.S.M.C. Convention at Rochester, N. Y., June 27-29.

Second Prize: Transportation to the C.S.M.C. Convention.

Third Prize: Expenses (without Transportation) to the C.S.M.C. Convention.

For further INFORMATION and the RULES of the CONTEST, WRITE to:

MEDICAL MISSION SISTERS
8400 Pine Road
Fox Chase, Philadelphia, Pa.

All letters should be marked CONTEST on the envelope.

Ancient Oriental Medicine

By

SISTER MARY OF THE SACRED HEART GLOWRY, M.D.

In India there are two ancient systems of medicine, one the Ayurvedic (Hindu), which has been in vogue for two thousand years, and the other the Unani system (Moslem), which was brought to India by the Mohammedans during the Middle Ages. In large numbers, the Ayurvedic practitioners (called *Kabiraj*) and the Unani doctors (called *Hakim*) have had the calling handed down to them by tradition—from father to son. There are, however, several medical schools for the ancient systems, such as the Hindu College in Calcutta and the Unani School in Delhi, while some universities (like the Pubab University) subsidize the teaching of Ayurvedic and Unani medicine. In these medical schools the course is five years: anatomy is taught by animal dissection, and pupils are trained in compounding indigenous drugs.

The Ayurvedic system is based on the Sacred Scriptures (the Vedas) of the Hindus, while Unani medicine is the Graeco-Arabic system of medicine which formed the foundation of our Western medical science.

The Hindu system rests on the conception that there are three forces in the human body and these determine health and disease: *wind,* whose principal seat is in that part of the stomach where the digestion takes place; *bile,* which has its seat in perspiration, saliva, and blood; and *phlegm* which has its seat in the thorax, head, throat, joints, and that portion of the stomach where undigested foods and fats remain. These forces manifest themselves, according to the *kabirajes,* in the pulse and tongue; through these two mediums every disease is supposed to be capable of detection and diagnosis! This makes it possible for *purdah* ladies to receive medical aid from male doctors, for the ladies can easily show either their hand (for pulse), or their tongue through a hole in the veil that separates Hindu and Mohammedan women from all men not of the household.

DID YOU KNOW——

The first conversion work of the Jesuits in the Patna Diocese was done by Father Henry I. Westropp, of Cleveland, Ohio, with the *Doms* (pronounced "domes"). The *Doms* are swineherds. They also weave baskets and work as scavengers. You will find their huts clustered together on the outskirts of Hindu villages, since Hindus will not allow them to live in their midst. It is not so difficult for *Doms* to come into the Church, as they have practically nothing to lose by becoming Christians. They are great wanderers and frequently come and go, packing up their few belongings and moving to another village over night. The work begun by Father Westropp is being continued, and the Faith is gradually spreading among these poorest of Christ's poor."—*Rev. Father Morrison, S.J.*

Another principle of Ayurvedic medicine is that diseases are the work of evil spirits who must be pacified by various offerings and propitiated by incantations. Hence, there is much incantation in the Ayurvedic system. The Unani system has some very clever fakery. Thus, a story is told of a *Hakim* who, in the company of his son, attended a nobleman, suffering from pain in the abdomen. The *Hakim,* after a quick diagnosis, declared the condition to be colic and described the cause to be the eating of thirteen mangoes. Both patient and son were astonished at the *Hakim's* insight. On leaving the palace, the son inquired of his father how he knew about the mangoes. The father told him that as they entered he had counted the thirteen mango stones that were on the ground outside the door!

The most extravagant effects are claimed for the drugs of these systems, yet a scientific study of much of their pharmacopeia by Dr. M. C. Komans, of Madras, shows that very few drugs used in either of the Oriental systems are unknown to Western medicine. Of those that are unknown, the Westerners usually have an equivalent. Yet this initial scientific investigation showed that many of the indigenous drugs are as useful as their Western equivalents, and, what is more to the point for India, the Oriental drugs are cheaper than their Western equivalents.

The recent Nationalist movement, by emphasizing everything Oriental, has created new interest in the ancient systems of medicine. This is not an undesirable state of affairs, for, since Western medicine cannot supply the personnel to relieve the widespread distress in India, the only sane thing to do is to study scientifically these ancient systems of medicine and to help the *kabiraj* and the *hakim* wherever it is scientifically possible to do so.

"Thou Art the Physician"

By

THE REV. BENEDICT EHMANN

"Thy faith hath made thee whole..."

It would be wrong to interpret these words of our Lord in the sense of the modern "faith-healers." They think that the Lord's part in the Gospel cures was simply to arouse courage and faith in the afflicted person, and that it was this faith which wrought the cure. Their idea is that faith cures by "auto-suggestion," almost like a sort of hypnotism which neutralizes or cancels out the infirmity.

In the cures of Jesus it is evident that His divine power is directly at work. How can you explain the cure of the centurion's servant by faith-hypnotism? The faith which elicited the cure was the faith of the centurion, and the sick servant was at a distance. And how can auto-suggestion account for the raising of the widow's son to life? And did not Jesus say after the cure of the woman with an issue of blood, "I know that virtue is gone out from Me"? Yet it was to this same woman that He said, "Thy faith hath made thee whole" (cf. Luke viii. 43-48).

We are to conclude, then, that in these miracles there is at once the act of faith and the power of God.

What is this faith which Jesus looked for, and which always won its petition from Him?

It is the confident and generous giving of ourselves to the word of God. Jesus is the living Word of God, the living Truth dwelling among us. He has "the words of eternal life," and when one accepts these words—deep and hard as many of them are—the divine life is generated within such a one.

By faith our soul bears witness that Jesus is the Son of God. This act in our soul corresponds to the testimony of the heavenly Father, "This is My beloved Son in Whom I am well pleased." (Matthew iii. 17.) The testimony of the Father is at the same time a communication of divine life to His Son. So, on our part, when by faith we testify that Jesus is the beloved Son, the divine life which the Father communicates to Jesus is communicated to us: we receive a share of that created grace by which the human nature of Jesus was made capable of union with His divine nature.

To put it simply: Faith gives us the life of God, and brings God to dwell within us. It does this because it pronounces the same life-giving words as the Father utters of Jesus in the bosom of the Trinity, "This is My beloved Son . . ." When our faith professes that Jesus is the divine Son, the Father loves us and takes us into the divine family of the Trinity.

But we cannot make this profession of faith in Jesus without God's help. Our minds are too feeble to know Jesus as the Father knows Him. For us such a knowledge of Jesus is supernatural—beyond our power and beyond our right. Therefore, if we are to have it, the Father must give us some share in His own knowledge. "No man can come to Me," Jesus said, "except the Father, Who hath sent Me, draw him" (John vi. 44). And when Simon Peter had made his great act of faith in the Son of the living God, Jesus blessed him "because flesh and blood hath not revealed it to thee, but My Father Who is in heaven" (Matthew xvi. 17).

The act of faith, therefore, is not a forced leap in the dark, or a blind hypnotic concentration. It is the answer to God's light, and the going out of one's self into God's truth. The power which it has does not come from auto-suggestion, but from union with the divine Source of life.

But it is within our power to reject the light of God, to refuse the step of faith. If we do, we condemn ourselves to the prison of our own ego. We hold back the testimony to the Son of God which makes us sons of God. We hold back from vital contact with the power of God. "Jesus wrought not many miracles there, because of their unbelief," the evangelist tells us concerning a mission of Jesus in the neighborhood of Nazareth (Matthew xiii. 58).

If Christian faith means the life of God within us, what wonder is it to find that it operates for our general well-being, even for the health of the body, if God wills it so! But even in broken bodies a strong faith works with miraculous energy. The lives of the saints give us many examples of superhuman strength in the midst of infirmity and sickness: remember,

close to our own day, St. Therese, wasted and fever-ridden as she was with her illness—athletic prowess and Olympic records look pale against the intense flame of her energy.

The world in which we live is unsympathetic to faith. It is not willing to make such a surrender to God. Up to now, at least, it has been quite satisfied with itself and has felt little need for God.

We are in this world of unbelief, breathing its atmosphere, meeting its clients, hearing its talk. We cannot help that. There will be cockle with the wheat, until the harvest. But we must not let this infidelity, this doubting, this cynicism, choke the light of our faith.

The power of God is always amongst us, in the Sacraments and in the ways of grace. If it works "not many miracles," may that not be, perhaps, because our faith is feeble? Jesus has assured us that "the kingdom of heaven suffereth violence, and the violent bear it away" (Matthew xi. 12). But our faith seems too weak to fortify us with this holy violence.

We can renew the vigor of our faith, if we say often to the Son of God, "I believe, Lord, help Thou my unbelief. Increase the faith of all those who believe in Thee, and may those others who do not know Thee receive Thy light." Only so may we hope to have the kind of faith which makes us whole, and which, please God, will help to make the world whole.

Notes From Abroad

ENGLAND

Christmas was wonderful. Not a single gun or plane from Christmas Eve until Friday night! It was almost too good to be true. We had Midnight Mass, and sang carols—and everything in *Peace*. It makes one long for peace more than ever—it was rather awful, practicing carols to the steady rumble of gunfire. But that night—quiet. It was the nicest Christmas present the little Infant could have given us.—*Sister M. Bernard, Osterley, England.*

RAWALPINDI

We had an earthquake last evening which lasted for two minutes. Sister Bernadette and I were in the chapel when the shaking began, and we looked at each other trying to decide what to do; we stayed in the chapel. Authorities on earthquakes, however, do say that one should seek the "open spaces" in such an emergency.

One of our patients has a dislocated leg, and we have it in an extension. Her husband came to one of the sisters after the 'quake and inquired if the incident would affect the patient; maybe he thought the earthquake would shake it straight.

Our census last night had reached 1,100, which is very good. There seems to be no end to the new babies. And as I am in the nursery part time now, I am naturally interested in them. We have two premature babies that are doing quite well so far. Two others, whom we named Dennis Vincent and Ann Denise, were given to us; they are both very much underweight, but are doing their best to keep their hold on life. Our prize baby, Tony, who has been with us for a year, is going to Bengal next month. He is being adopted by a family there. He is a lovely child—but I am afraid we have spoiled him.—*Sister M. Jude, R.N., Rawalpindi.*

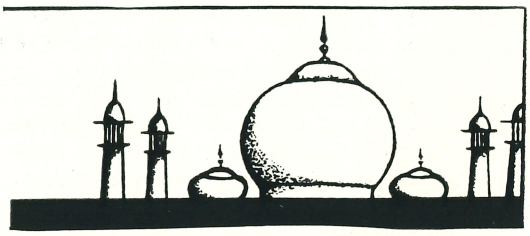
"One thought only fills our mind: to imitate the example of the Good Shepherd in order to bring true happiness to all men: 'That they may have life, and have it more abundantly.' "—*Pope Pius XII.*

PATNA

Here I am in another part of the world—it is very different from Pindi—far fewer Europeans and Mohammedans. The bazaar is nothing compared to what we were used to—that is, the bazaar that is on our street. Of course in the Bankipore section, you can get almost as much as in Pindi.

Yesterday, Sister Ann and I went down the street to find some nutmegs, the Hindi name for which we did not know. We finally found a spice shop, but not for a minute could we make the three men there understand what we wanted though we all but drew pictures of them! We did know the names of cloves and cinnamon, so we resigned ourselves and bought an anna's worth of each. As the shopkeeper was weighing out the cloves, light dawned, and he shouted, "*Jaipal, jaipal!*" Another man reached up for a big tin on the top shelf, and in it were our nutmegs— five for an anna! So we invested. Next he showed us lovely raisins and some dried figs so we bought three annas' worth of each. Result: Bread pudding for supper tonight.

Coming back from our big shopping tour (9 annas all told—about 18 cents) I said to Sister Ann: "We will need a grater." But a grater was not only beyond the bazaarmen's possessions, but also beyond their ken. Hence we came without a grater. Sister Laetitia said: "When we go to Bankipore, we will get one." But that was no help in grating the nutmeg this morning. However, necessity finds a way. Outside the kitchen door we spied a broken brick. A good scrubbing of said brick, a quick drying in the hot sun, and it grated the nutmeg just as well as any grater from Mr. Woolworth's Emporium!



Carusos of the Roofs

By
SISTER M. HELEN, S.C.M.M., R.N.

Bimala, a native nurse, was accompanying me on my morning rounds as Health Visitor—I was a newcomer in Dacca, and was still a little hesitant about venturing alone in the maze of winding lanes. Suddenly I turned my head—wasn't that music that I heard in the distance? Bimala nodded—she had heard it, too.

"Do you think it is a wedding?" I inquired.

My companion was noncommittal. "It may be," was her reply. "But we can go down the road and see."

It was a real temptation. But as we were very busy, I objected and had already started forward on our way, when Bimala (always loathe to make any extra visits), suddenly thought of a patient in that direction who really needed to be seen, and most urgently!

I resigned myself (not too unwillingly) to the new route, but did quicken my pace. Not so Bimala. She had no intention of rushing about on a sultry summer morning, and began to lag behind. Soon I had to stop and wait for her.

"Sister, fast walking is bad for you," was the admonishment I got. When I admitted that she might be right, but pleaded that I was a newcomer who had yet to learn that lesson, she did not relent one bit. "You must learn soon, or you shall tire yourself out—and me, too." This reproachfully; then as an afterthought: "And now that the summer heat is beginning, we must cut down our work." I ignored this and we kept on our way, coming always closer to the music and singing.

"Here," said Bimala at length, and opened a door in the high brick wall which flanked the lane we were following. And so we entered the compound. Here we found a new, two-story brick house not yet completed. In front of it were two workmen, mixing mortar in a vat. At this point the music and singing, which had come to a sudden stop, was resumed. It was above us—I looked up but could see no one, nor any trace of a *tamasha* (celebration).

Innocently I turned to Bimala. "Where is it? Where do people hold their wedding celebrations in this part of the country?"

Bimala burst into merry laughter. "Why, Sister," she was delighted to have "fooled" me, "there is no wedding at all! Don't you see? They are only putting a roof on this new house."

I was not so certain that she was not up to her tricks again. "Why should there be singing and music when a roof is made?" I asked suspiciously.

Bimala was serious now and wide-eyed. "Sister, have you never seen a roof being made?"

"Of course I have," said I, remembering in a flash the rows and rows of houses I had seen shingled at home. Bimala was dubious. She turned to the workman nearest us and said: "The Mem Sahib has *never seen a roof being made.* May we go up?"

He grinned good-naturedly and gave his permission, so Bimala led the way to the roof. Perhaps I should explain that all Bengali houses, with the exception of bamboo huts, have flat roofs which are reached by a stairway. The roof is often the only spot where one can get a breath of cool air in the evening. Thus it is here that the family congregates after the day's work is done. And when the heat becomes too great to bear in the sleeping quarters below, straw mats are spread out on the floor of the roof and everyone enjoys a peaceful slumber!

We reached the top of the stairs, and I stopped in amazement. There at the far end of the roof, sitting with their backs to us, were two men plying their fiddles as vigorously as the "tune-makers" at a barn dance. With them were about a dozen or more boys, each armed with a flat stick with which he was beating on the wet cement while he sang at the top of his little lungs. For a few moments we listened. Over and over again, the same tune, and, as far as I could make out, the same words, though I was not sufficiently familiar with the language to catch the syllables and translate them. Bimala guessed my difficulty. She repeated the song for me, and then translated it into English!

I rode my pony into town
To buy a golden bracelet;
My sister will be married soon—
It's for her wedding present.

One of the fiddlers spied us, and immediately he stopped, stood up, touched his forehead in a "salaam," and asked us what we wished. Work and singing stopped, and the laborers with one accord turned to see what was happening. They seemed to range from about ten to fourteen years of age! Most of them looked undernourished; all were ragged and well splattered with the muddy-looking cement.

They joined their questioning to the musician's: "What did the Mem Sahib want?"

When we told them we had only come up to see how they worked, they laughed. "Well," said the

"head man," with a shrug, "will you show the Mem Sahib how you *can* work?" At the same time he struck up a tune (the same tune), and they all with one accord began singing as loud as they could, beating on the cement in perfect time. After a few minutes of this, the "boss" said: "Well done!" Whereupon labors ceased, and each and every one of them got up, *salaamed,* and asked for *baksheesh* (a tip)!

I was utterly unprepared for this; unfortunately (or perhaps it was really fortunately!) I had absolutely no money with me. A bit embarrassed, I began to explain and apologize—but no Indian will ever believe that a white person hasn't pockets lined with money! Disgust was beginning to show on their faces; one of them voiced his disapproval: "Why did you come up, if you didn't want to give us anything?"

It was Bimala who had the inspiration. "Sister," she whispered to me, "promise them a few sweets."

"Do you know where the Narindia Baby Welfare Center is?" I asked. Some of them did. "Very well," I continued, "if you will stop there this afternoon when your work is finished, we shall give each of you an orange." (Oranges were in season at this time, and not expensive.)

A shout of joy went up, and the smiles returned. I felt better as I turned and went down the stairs.

* * *

Most of the boys did come for their oranges; the few who did not had given their friends instructions to bring their treat to them. We took advantage of the opportunity to ask the lads about their families. Some said their fathers worked; others were apparently the sole support of the family! *We were amazed to hear that they earned only 2½ annas a day (five cents)!*

The names of the most needy were taken down, and later we were able to give them some assistance from the center.

One additional note: Perhaps you will wonder, as I did, why roof-making was done by small boys. I made inquiry, and was told it was because the boys had a lighter touch—that a roof made by men invariably leaked because the cement had been pounded too forcibly. There is really something to this.

In one of the nearby missions, the sisters had a new roof put on their school building. As they disapproved of child labor, the roof was made by the masons themselves. But—came the first hard monsoon rains and the roof began to leak. The contractor was called. He inspected the leaks. And then he shrugged: "Didn't I tell you roof-making is not a man's job in India? Only boys know how to make a roof!" And that was all the satisfaction they received!

Occasionally one gets left behind—Dr. Lalinsky and a "star boarder."

Jottings From the Nursery

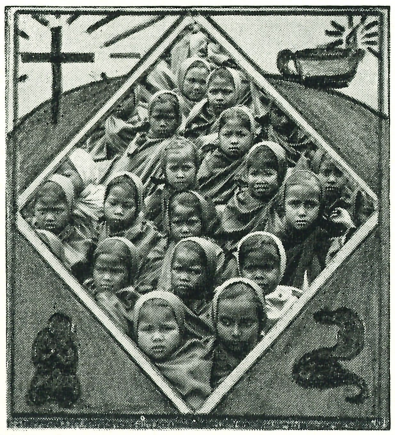
Holy Family Hospital, Rawalpindi

It is no sinecure to be in charge of a nursery in India! In the hot season, the needle and syringe are always ready to combat dehydration and tetany. Formulas require endless juggling around, and a whole alphabet of vitamins must be supplied. Ear infection and colds take their toll of lives, as well as the dreaded dysenteries and tuberculosis. But there is a tremendous source of happiness and satisfaction in this work. In the past 15 years our sisters have administered about 8,000 baptisms and have coaxed back many a flickering little flame of life, to swell the church militant as an actual or potential Catholic.

Indian babies rarely weigh more than six pounds at birth, and are usually several shades darker than their American brothers and sisters; otherwise they differ very little from the babies we know here. Most of them, of course, are merely birds of passage. They are born in the hospital but leave in a few weeks when their mothers are well enough to go home. Some of them we manage to see again by means of monthly check-ups, but many return only in case of severe illness.

Indian mothers adore their babies, especially their little sons. If the family is poor, a daughter is likely to be considered quite a disappointment, as she will require a dowry when she marries. But despite their very real love for their babies, mothers in India (and in China and Africa, too) have very poor ideas about the rearing of their children. They inherit old laws, customs, and superstitions, and as they are nearly all unable to read, and are cut off from the better educated people around them by their strict seclusion, they have almost no chance of learning new habits of cleanliness, infant feeding, and child discipline.

February Mission Intention



Khasi Children

"For the Conversion of those who still embrace primitive religions."

"Would you like to see a real mission?"

"Nothing would please me more," was my reply. As an afterthought, obstacles were presented, but my ardor could not be dampened and so it was that the Reverend Mother of the *Sisters of Notre Dame des Missions* in Shillong, Assam, had to find a guide and a horse to take me the stretch of sixty miles to Raliang in Khasiland. She found both, and kindly gave me in addition Mary, a Khasi girl of about fourteen, as companion. Mary knew English and was a Catholic, and so was Leo, my Khasi guide.

The topography of Khasiland can best be described by "ups and downs." One could not ride uphill because it was too hard on the horse, nor downhill because it was too hard on the rider—and on the "flat," one had to go slowly so that the retinue could keep pace. The latter increased every now and then by pedestrians who carried loads from village to village and were quite sociable. On the twenty miles of the first day, a young Khasi who had been in a Baptist mission school joined us. He looked healthy, spoke English well, and was all afire with the desire to lift his people out of their superstition and ignorance. By way of conversation he told me something of Khasi life and history in which the story of the serpent-killer figures prominently. In a much abbreviated form it ran like this:

"Once upon a time a certain village in Khasiland was inhabited by a giant snake which devoured half the people who went to market. They could not avoid passing its abode. Finally, the people held a *darbar* (meeting) to decide how to get rid of it. One of the braves offered to feed the monster cattle, goats and pigs. After some time when the *U Thlen*—which was the serpent's name—seemed tamed, he took a red hot iron and thrust it with a piece of meat into the offender's throat and thereby killed it. Half the meat was allowed to be eaten by the people in the plains and half by the Khasis. An old woman forgot to eat her share and so the *Thlen* could come to life again. It is now believed to live in several places in disguise. Only the owner knows where it is. He cherishes the possession of the *Thlen* because it is supposed to bring wealth and luck, provided that it gets human blood from time to time. To obtain this, the owner and a helper wait some dark night for a lone traveler and kill him with a piece of wood. Then the tips of the hair and the fingernails of the victim are cut off with silver scissors and blood is drawn from the nose and allowed to run into a bamboo tube. At an auspicious time, the family assembles and amid ceremonies and prayers, the *Thlen* arrives, and when the spirit of the laughing victim appears, it devours the blood and is satisfied for a while."

When I made the story-teller understand that I considered this a hoary tale of past ages, he assured me that the people still firmly believed in it and that in spite of the law against it, there were some victims of this belief every year. He said every Khasi was afraid to go out alone at night—he himself included. When we asked Leo, he not only nodded consent but by his facial expression betrayed his horror and fear. If one would not come personally across such things, one could not believe that it is still possible in this day and age.

The first night, we spent in a *Dak-bungalow*—a simple kind of government inn. Our second day's journey took us past villages, some of which we "explored." Everything was primitive—thatched, windowless bamboo huts, a few cooking and storage pots, bamboo tubes for water, open fireplaces, the smoke from which had to find its way out the best it could. The furniture was conspicuous by its absence, the floor being the bed and a piece of wood the pillow—no nails, screws or hinges to be seen. One curved knife serves as a universal tool, and men and women handle it most dexterously. We saw some of the women cutting firewood with it. Ugly pigs sniffed around and in one place a woman caught a tiny one by ensnaring it in a bamboo net—to offer as a sacrifice to the gods and then cook it for the evening meal. They sit on the floor, eat with their fingers, and drink from a common gourd.

There are Mohammedans and Hindus among them, but the majority are still animists and as such are dominated by fear of unknown forces and spirits which can harm

them. As these may also be deceased relatives, ancestor worship goes hand and hand. Illness may also be caused by such spirits whom the animists aim to placate through sacrifices. (I had some simple remedies with me and was able to use them wherever we stopped. Sore eyes and skin diseases abounded.) The Khasis have the matriarchate—inheritance is through the women and they enjoy more freedom than their Hindu or Mohammedan sisters.

In the afternoon we arrived in Jowai, a rather large village. We were hospitably received by the Salesian Sisters. While admiring the view from the porch, I was struck by the ringing of bells—literally one "ding-dong" after another. On my inquiry about it, the Sisters pointed to the seven or more hills, each topped with a church of a different denomination: Welsh, Scotch, trumpeter, Methodist, and so on. The Catholic Church was in the process of being built in the rear of the convent.

"Why so many in one village?" was my innocent question. And the answer: Because the Khasis can be much more easily converted to Christianity than their more sophisticated Hindu and Mohammedan neighbors in the plains. And this holds good for all animists. If only there were more Catholic missionaries!

The Sister Superior took me for a walk through the scattered village which was really an important market place. We came to quarters that were entirely Christian. Many of these people belonged to the Welsh mission, which had even provided a nice hospital. Just then it was almost empty for want of a staff. The atmosphere in the pagan section was quite different, and one could almost feel the influence of the "hoofed" gentleman who, as Sister said, was actually seen occasionally. I took it *cum grano salis,* and "seeing is believing" would apply in this case.

The third day brought us to Raliang. On the trip I had seen and learned many things, including the *pièce de résistance* of the Khasis—the hairy caterpillars! To convince myself of the truth of its being considered such a delicacy, I told Mary to ask Leo if he ate them, too. You should have seen his face. It lit up as no American boy's face would at an offer of ice-cream! Needless to say, the furry part is but the shell, and thus escapes being swallowed, too.

And what awaited me at Raliang, my goal? The nuns were in retreat and, of course, in profound silence. I had to entertain myself. They gave me one of their orphans, however, to take me wherever I wanted to go. She spoke only the local dialect, but Mary, my linguistic, primitive companion, could translate it to me so all was well when the trio went a-visiting in Khasiland. The medicine bag served as introduction card. We were admitted everywhere. In one hut I baptized a dying baby. The mother died the next day. I saw her laid out on the floor with small coins and flowers strewn round her. I would have liked to see the funeral as the Khasis have very elaborate and strange ceremonies for it, but time did not permit.

The Khasis seemed to me very good-natured and sensible and light-hearted. In some places the women loaded me with delicious oranges which just then were ripe and plentiful. The men displayed their skill with bow and arrow—their favorite sport. The Salesian Fathers did everything to make my visit worthwhile, and even invited me one evening to the boys' recreation—conducted *à la* St. Don Bosco method. Imagine—even stereoptican pictures (without electricity) in the Khasi hills! (Not so primitive after all!) There was a nice church, a rectory, a school, a convent, an orphanage and a dispensary—all this in the far-off heart of Asia, among a primitive people! A number of them were already Catholics. Msgr. C. Becker, S.D.S., founder of the Würzburg Medical Mission Institute, was Prefect Apostolic there for many years and did much to build up the mission.

The Khasi tribe—200,000 strong—is one of the many among the 120 millions of primitive peoples scattered over India, Indo-China, the East Indies, Central and South Africa, the islands of the Pacific and the Americas. For all these the Holy Father asks us to pray in February, that the Catholic religion may be brought to them and accepted by them for their temporal and eternal benefit.

ANNA DENGEL.

THE MORNING OFFERING

O Jesus, through the Immaculate Heart of Mary, I offer Thee my prayers, works, and sufferings of this day, for all the intentions of Thy Sacred Heart, in union with the Holy Sacrifice of the Mass throughout the world, in reparation for my sins, for the intentions of all our Associates, and in particular for the adoption of the Pope's peace proposals, and for the conversion of those who still embrace primitive religions.

R. I. P.

Please pray for the repose of the Souls of:

Rev. John Horstkamp, Clinton, Md.
Rev. John A. Sheil, O.P., Valhalla, N. Y.
Rev. Albert Spiesberger, P.S.M., Jessup, Md.
Rev. John R. Loomis, New Haven, Conn.
Rev. Oliver T. Magnell, Manchester, Conn.
Mother Mary Hyacinth, O.P., West Springfield, Mass.
Clara Herb, Burlingham, Wash.
Sister M. Francesca Mahoney, West Hartford, Conn.
Mary Ann Sullivan, Los Angeles, Calif.
Agnes L. Daly, Washington, D. C.
James E. Shea, New London, Conn.
Charles J. Cassidy, Washington, D. C.
Arthur R. Brennan, Brooklyn, N. Y.
John F. Boyle, Elizabeth, N. J.

Eternal rest give unto them, O Lord: and let perpetual light shine upon them. May the souls of all the faithful departed through the mercy of God rest in peace. Amen.

Father DeSmet, S. J.—Missionary

FATHER DESMET, PIONEER PRIEST OF THE ROCKIES, *by Helene Magaret. Farrar and Rinehart, Inc., New York.* 371 *pp.* $3. 1940.

In 1841, just one hundred years ago, Pierre Jean DeSmet of the Society of Jesus, left the Potawatomi Mission and started on his long trek west to the land of the Flatheads in Bitter Root Valley, buried in the Rocky Mountains.

The Flatheads had learned the rudiments of the Catholic religion from the Iroquois and two of them had been sent to Bishop Rosati, asking for a priest to instruct the tribe. Father DeSmet volunteered and after visiting them to learn their dispositions he returned to St. Louis for helpers. The following year he set out again with two other priests, three lay brothers and a guide, on the five months' trip to the Rockies. The hardships that were endured—the uncertainty of travel, the shortage of food, the absolute danger and suffering involved in the journey—make fascinating reading, especially when one considers the west of today with its ease and comfort in travel!

The tact and fatherly kindness, the genuine love which Father DeSmet had for his children in Christ, are revealed throughout the book, in the incidents of everyday life, in the trust and confidence which the Indians had in their spiritual father—a trust and confidence which Father DeSmet never violated, despite many attempts of government officials to induce him to. The dealings of the United States Government with the Indians do not make an edifying page in American History, but possibly the page would be darker were it not for the restraining influence which Father DeSmet exerted on the officials with whom he came in contact. While he loved the Indians and wanted justice for them, he was an American by adoption, if not by birth, and he was jealous of the honesty and good name of the nation.

A trip to Vancouver in the interests of the missions portrays some of the experiences of this intrepid missionary. As he rode into one Indian village, that of the Kalispels, he found a wooden cross nailed to a tree, and Indians came running to meet him, begging him to remain with them and teach them the prayers that they "might talk to the Great Spirit every day." Truly, the fields were ripe to harvest, but alas! the laborers all too few.

His visit with the Canadian Vicar General and the head of the Hudson Bay Company resulted in his return to St. Louis to seek more laborers for the waiting vineyard. From St. Louis he was obliged to go to Rome, to beg for financial aid for his Indian missions—even as the missionaries of today are obliged to come to us here in the United States seeking help to carry on their missionary work. History but repeats itself.

When he came back from Europe he brought with him not alone funds, but five more priests, and six Sisters of Notre Dame de Namur, who were to work in Oregon.

Toward the end of 1846 Father DeSmet was obliged to return to St. Louis again to collect funds for his missions, whose very existence was threatened because of the poverty of the Indians. However, in the plans of God, Father DeSmet was not to be sent back to the Rockies; he remained in St. Louis at the University. There his confreres bantered him continually, not understanding his love for the missions and not even believing the things he had written of them. But the servant of Christ must have his Dark Night of sorrow and humiliation and Father DsSmet's cup was being filled.

Then came word that his successor was having trouble with the Flatheads and was blaming him for it. Before he could recover from the injustice of this, he opened his mail to find a letter from the Father General, wherein he was accused of "dispensing funds without permission and violating poverty." Truly his cup was being filled to overflowing. But there was not time for self-pity to creep into his being. The dread cholera plague had broken out in St. Louis and with it came the great fire which laid the city waste. Day and night Father Pierre worked, caring for the sick, burying the dead, comforting the bereaved. The cholera plague had scarcely passed when he learned that the Flathead mission had been abandoned.

A year later he was invited to attend the Fort Laramie Peace Council, since he was the only white man the Indians would trust.

Upon his return to the University it was evident that his course was about run. On a cold, rainy day he went down to the levee to bless a new boat—*The DeSmet*—for the captain of the river barge had many times befriended him. Back in his room, chills came on and it was but a matter of hours before this faithful and intrepid priest and missionary went home to God.

The book is written in a fascinating style and Miss Magaret shows a keen appreciation and understanding of this noble Jesuit whose name deserves to be written large in American History.—SISTER M. FRANCIS PATRICK.

THE A. M. A. MIGHT HELP——

The sister had stopped in to order an English translation of a book published originally in French. The title in English was, "The Path of Humility." No, she didn't know the publisher. The attendant, with gracious politeness, said she would look it up.

A week later the sister received a postcard with the following message:

DEAR SISTER:

REGRET — UNABLE TO LOCATE THE PATH OF HUMILITY.

REGRETFULLY,
THE ———— SHOP.

In Our Library

THE DOCTRINE OF THE TRINITY, *by Abbe Felix Klein. Translated from the French by Daniel J. Sullivan. P. J. Kenedy and Sons, New York.* 293 *pp.* $2.50. 1940.

"The number of those who thoroughly understand the preponderant, or rather, the unique place which the Trinity holds in dogma, in the liturgy, in the life of the spirit is too few. The essential characteristic which distinguishes Christianity from every other religion, even Judaism, is explicit belief in the Trinity. All the Sacraments are conferred in its name and directly or by intercession every prayer is addressed to it. The most humble degree of the state of grace implies its presence in us . . ."

For these reasons, Abbe Klein has written of the *Doctrine of the Trinity*, in a style so simple that anyone can comprehend it. Because the doctrine of the Trinity is a profound mystery which we cannot understand in its fulness, we are inclined to think we should make no attempt to penetrate its depths. To correct this false impression and to draw souls to a greater love for the Adorable Trinity is the purpose of this study. Beginning with the knowledge of God acquired by natural reason, Abbe Klein goes on to that acquired by revelation, and then presents God, the Father, God the Son (both in the bosom of the Eternal Father before the Incarnation, and in His Sacred Humanity), and God the Holy Ghost, for the contemplation of the human intellect.

A clearer knowledge of the mystery of the Holy Trinity will draw the soul into a closer union with God and a careful and humble reading of the *Doctrine of the Trinity* will do much to give the knowledge which begets love. The translation is smooth and easy and English-speaking readers should be grateful to the translator for placing this exceptional volume within their reach.

MANUAL OF PUBLIC HEALTH NURSING, *prepared by The National Organization for Public Health Nursing. The Macmillan Co., New York.* $2.50. 1940.

The aim of this book is "to suggest procedures which may serve as a guide to the public health nurse in the field, and which may be applied to county, small-community, state or large-city services." An attempt has been made to give the basic principles. With this fundamental knowledge, the public health nurse can proceed to make such adaptations as will meet the needs of individual situations.

The assumption that one may dissociate service of the poor from religious truth, religious motive, and religious inspiration strikes at the unity of life and at the harmony of the revelation of Christ.—*Monsignor Kerby.*

Part one deals with administration and organization; part two with family health; part three with services to the family. The subject matter is based on the wide experiences and observances of public health nursing groups. It is presented clearly and briefly, yet adequately. More detailed information is available through the many references given throughout the book.

WHO WALK ALONE, *by Perry Burgess. Henry Holt and Company, New York.* $2.75. 1940.

This is the gripping story of an American boy who contracted leprosy while soldiering in the Philippines. His manly fight against despair and enforced idleness gives us a true picture of any and every leper, translated into American words and circumstances. Ned Langford lived for twenty-five years at Culion, the Philippine leper island. He shared in the work and play of these "citizens of Culion" and used his talents of initiative and organization to establish a fishing fleet and an electric plant for and by the lepers.

Perry Burgess, the author, has been national director of the American Leprosy Foundation for fifteen years. He has interwoven many facts about leprosy, its treatment and future, with the life history of his hero. In fact, the only element missing from this book is the Catholic acceptance of God's loving Providence. Yet one cannot help but admire what natural courage and manliness can do.

DO YOU REMEMBER THE DYING? *By the Very Rev. Joseph Kreuter, O.S.B. Collegeville, Minn.* 30 *pp.* 10 *cents.*

The prayerful reading of the booklet: *Do You Remember the Dying?* will incite in the souls of priests, religious and the faithful laity a holy love for the *Apostolate of the Dying.* Furthermore, readers of this strange stirring appeal in behalf of the dying sinners the world over will learn the all-important lesson of preparing in the best possible way for their own death. This timely pamphlet should be welcomed by priests, religious and the laity.

SPLENDOR AND STRENGTH OF THE INNER LIFE, *by Rev. Dr. Fr. Mack. Translated from the German by Sister Mary Aloysi Kiener, S.N.D. Frederick Pustet Co., New York,* 1940. 190 *pp.* $2.00.

Under this formidable title, Father Mack endeavors to show the part the cross must play in the life of each individual Christian if he would be faithful to his vocation as a follower of Christ. The author, however, addresses himself mainly to religious.

NOVENA IN PREPARATION FOR THE FEAST OF THE SACRED HEART, *composed by Rev. Charles Borgo, S.J. The Sisters of St. Dorothy, 256 Centre Street, Richmond, L. I., N. Y. 25 cents. Imitation leather.*

Novena prayer with twelve short meditations on the Sacred Heart.

Profit and Loss

'Twas February 26 (Ash Wednesday), and the three
Were walking slowly home from school (and close behind was ME).
There was Joe (they called him "Tubby"), there was Jack (who kind of blinks
With one eye), and the other—it was none but Jimmy Jinks!

Now, Joe was just what you'd expect—all round and sort of fat,
And Jack was tall and skinny with his hair like this-a-that,
But Jimmy Jinks you can't describe—he has a sort of way—
And no one ever knows what next our Jimmy Jinks will say!

You might shout: "Hey! We won the game!" He *might* yell back: "That's swell!"
Or, like as not, all-dreamy-like, he'd say: "Now, I've heard tell
"The poppies in the Golden West grow wild on every hill!"
Or, earnestly inquire if you "had ever had your fill?"

It was Jimmy had a nickel—and another nickel, too,
And Joe nudged Jack (I saw him), and he told him what *he'd* do!
But Jim said, quite unconscious: "When folks get things on a loan,
"I've heard they're gen'r'lly carefuller than when a thing's their own."

So Jack, he gave a poke at Joe, and, "What's he mean?" says he.
"He's dumb," says Tub, "and doesn't know a dime can treat for three.
But Jim said (like he'd never heard): "They say that it's a fac',
"A thing that isn't yours for keeps—you've got to give it back!"

Jack whispered: "Did he borrow it? Or sell his gloves at Ike's?"
"Naw," Tubby said, "I know it's his, to do with as he likes."
But Jim remarked that "silver, so they say's from silver ore,
"That's dug from silver mines, now, had they heard of that before?"

Says Jack: "I hear those gum-drops sell at twenty for a dime."
Says Tubby: "And the kinds they got! Vanilla, choc'late, *lime!*"
Says Jim, "Some men own silver mines—but actually," says he,
"I guess the stuff would b'long to him who made the silver be."

But Tubby wasn't giving up—at least, exactly yet.
"You know," says he, "the Storeman knows us all so well, I'll bet
"If we *three* went together, we could ask him, just for fun,
"Instead of twenty gum-drops, would he give us *twenty-one!*"

"Ah, chuck it! I c'n hear you. I'm not deaf!" So Jimmy said,
Then he gave his cap a push (and I saw ashes on his head),
"Sure, I know the money's mine, and sure, I know it *can* be spent,
"But it's going in the Till-box, lads, because—catch on?—it's *LENT!*"

—Tic.

dEAr fRiENdS:

HelLo! iT's-mE---Tic---aGAiN! OH! i forGOT! Paddy just REMINDED me that I had PROMISED to MODIFY my style. (I think Paddy is not feeling so WELL today.

How do you like Tilly's new TRIMMINGS? (Paddy said it was a slow-gun, but I told him—in a very nice way of course—to quit being so BELLIGERENT, 'cause—

It's is just a little jingle
That will ringle, tingle, tingle
Run around and 'round and jingle
In your head.
So when you've a penny pingle
You'll not spend it—spangle, spingle,—
In the Till-Box it will bingle—
BANG! Instead!)

Tilly is very EAGER to come and spend LENT on your bureau or your buffet or your library table or any CONVENIENT CORNER where you can BINGLE in your "GIVE-UPS" for the MISSIONS. She will be on her way as SOON as ever, if you will just write and say: TILLY WE WANT YOU! (8400 Pine Road, Fox Chase, Philadelphia, Pa., is the address!)

Good-bye then. KEEP SMILING!

Yours EVER,
TIC.

We'll work with vigor, and we'll work with vim, until Tic's Till is filled to the brim!

How flat the poor missioner's purse is!
He sent out for help, but the worst is—
His writing by hand
They could not understand,
And they sent him, not BURSES, but "Nurses!"

Actually, this Franciscan missionary from South India got neither his burses or nurses! (His letter of appeal for "help for his mission hospital" was forwarded to us, as a Medical Mission community, and it was in reply to our regretful admission that we had no sisters available for his mission, that he explained he had asked—not for nurses, but *burses!*)

This missionary's plea has given us the courage to make an even bolder request: We should like *both* burses and nurses!

Five Indian girls from South India have begun their training at Holy Family Hospital in Rawalpindi, with the view of being formed eventually into an Indian branch of Medical Mission Sisters. Others have applied. The value of the work that natives can do for their countrymen, with a knowledge of their ways, their language, their outlook, cannot be overestimated. But the financial responsibility devolves mainly upon our Society.

Some who are interested in our LEAGUE OF GRATITUDE have asked for more specific ways in which they can assist us. For these, and for all who are interested in sharing in our apostolate, we have been working out a series of "ways and means." One of these is a burse, for the education of a native Indian Sister.

A burse for a native sister is $3,000.

Our first burse for this purpose will be dedicated to St. Thomas, the Apostle of India. Don't you want to have a share in it? A donation made will enroll you as a member of the LEAGUE OF GRATITUDE, and entitle you to a share in the prayers of the community and of your fellow members.

Contributions should be sent to:

THE LEAGUE OF GRATITUDE
Medical Mission Sisters
8400 Pine Road
Fox Chase, Philadelphia, Pa.

DEAR DOCTOR DENGEL:

Inclosed please find $..... as my share towards establishing the St. Thomas burse for the education of a native Sister at Holy Family Hospital.

Sincerely yours,

.....

.....

.....

February Is Catholic Press Month!

——you will hear it discussed in Catholic circles;

——you will see posters

——and bulletins

——and exhibits

BUT——

what are you going to DO about it?

You can help the Medical Mission Apostolate by spreading THE MEDICAL MISSIONARY. Send us the name of anyone you think would be interested in the magazine, and we shall send them a sample copy, free. That will be a form of "Catholic-Press-Month Action!"

$1 for 1 year **THE MEDICAL MISSIONARY** **$5 for 6 years**

8400 Pine Road
Philadelphia, Pa.

Please send a sample copy of THE MEDICAL MISSIONARY to:

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D. C., and Houses of Postulate in England and Holland.

At present the Society labors in India, where the Sisters conduct hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:

SISTER SUPERIOR
MEDICAL MISSION HOUSE
8400 PINE ROAD, FOX CHASE
PHILADELPHIA, PA.